

Supplemental Application Data Sheet

Application Information

Application number::	10/693,179
Filing Date::	10/23/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	604/294
Suggested Group Art Unit::	3761
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	AQUEOUS OPHTHALMIC SPRAY AND METHOD FOR DELIVERY OF ARTIFICIAL TEARS TO THE OCULAR SURFACE
Attorney Docket Number::	58443(306382)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
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Status:: Full Capacity

Given Name:: Nael

Middle Name:: A.

Family Name:: Al-Abdulla

Street of mailing address:: ~~49 Beaver Pond Circle~~ 722 Dulaney Valley Road, #373

City of mailing address:: ~~Baltimore~~ Towson

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: ~~21234~~ 21204

Applicant Authority Type:: Inventor

Status:: Full Capacity

Given Name:: Lee

Family Name:: Snyder

Street of mailing address:: 33 Ironwood Circle

City of mailing address:: Baltimore

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 21209

Correspondence Information

Correspondence Customer Number:: 21874

Representative Information

Representative Customer Number:: 21874

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/420,556	10/23/2002

Foreign Priority Information**Assignee Information**

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.			
Signature	/Lisa Swiszc/	Date	February 8, 2012
Name (Print/Type)	Lisa Swiszc	Registration No. (Attorney/Agent)	44,368